



State of Rhode Island Department of Business Regulation



DIVISION OF BANKING

ANNUAL REPORT

SALE OF CHECKS, ELECTRONIC MONEY TRANSFER, AND CHECK CASHING LICENSEES FOR THE TWELVE (12) MONTH PERIOD ENDING DECEMBER 31, 2005

Pursuant to Section 22 of Chapter 14 of Title 19 of the General Laws of Rhode Island, each licensee must file this Annual Report ("Report"). The information contained in this Report is, unless otherwise noted, **available to the public** pursuant to The Rhode Island Access to Public Records Act (R. I. Gen. Laws § 38-2-1 *et seq.*).

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

License Number(s) # _____ # _____ # _____

Name of Licensee **as it Appears on the Main Office License** (include d/b/a if applicable)

Street, City, State, Zip Code (**Address as it Appears on the Main Office License**)

NOTE: The Financial Statement of Condition and Statement of Income and Expenses must be prepared in accordance with Generally Accepted Accounting Principles and must be attested to by: 1) in the case of a **Corporation or Limited Liability Company**, the **President or Treasurer**; 2) in the case of a **Partnership**, by a **General Partner**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

I, _____
(Type Name & Title of Authorized Officer)
of the named licensee do hereby declare that the Financial Statement of Condition and the Statement of Income and Expenses, including any supporting schedules, provided with this Report have been prepared in accordance with Generally Accepted Accounting Principles and are true and accurate to the best of my knowledge and belief.

Signature of Authorized Officer

Date of Signature

The Licensee may be subject to late filing penalties in accordance with R. I. Gen. Laws § 19-14-22 at the rate of twenty-five dollars (\$25) per day and/or examination fees pursuant to R. I. Gen. Laws § 19-14-23 if an incomplete Report is submitted.

NOTE: The accuracy and correctness of this Report must be attested to below by: 1) in the case of a **Corporation or Limited Liability Company**, at least **two (2) Members of the Board of Directors** (if no directors, other similar officers); 2) in the case of a **Partnership**, by at least **two (2) Partners**; or 3) in the case of a **Sole Proprietorship**, by the **Owner**.

The penalty, upon conviction, of filing any false entry in the Report is a maximum of \$50,000 and imprisonment for up to twenty (20) years.

We, the undersigned, have examined the contents of this Report and attest to the completeness, accuracy and correctness of this Report.

Signature of Director Date

Signature of Director Date

Signature of Partner Date

Signature of Partner Date

Signature of Owner Date

Signatures must be notarized on Page 10 of the Report

The Licensee must file the completed Report (**10 of 10 pages**) for receipt by the Division of Banking, at 233 Richmond Street, Suite 231, Providence, RI 02903-4231 on or before **March 31, 2006**. This Report is a time sensitive document. **The Report should be immediately forwarded to the person(s) responsible for its completion and filing.**

Schedule A¹ – Rhode Island Licensed Activity for Calendar Year 2005²

1. Main Office Licensed Address

Street _____ Telephone Number _____

City, State, Zip Code _____

License Number(s) # _____ # _____ # _____

Provide the name of the Manager of record _____

Has the individual named above filed with the Division an Authorization for Background Check and Release³ along with a Resume showing a minimum of five years work experience? Yes _____ No _____

2. Branch Office Licensed Address (Check Cashers Only)

Street _____ Telephone Number _____

City, State, Zip Code _____

Branch Certificate Number(s) # _____ # _____ # _____

Provide the name of the Manager of record _____

Has the individual named above filed with the Division an Authorization for Background Check and Release³ along with a Resume showing a minimum of five years work experience? Yes _____ No _____

3. SALE OF CHECK LICENSEES ONLY

- Number and dollar amount of checks⁴ sold under the Rhode Island Sale of Check license for the twelve (12) month period ending December 31, 2005.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Sold	# _____	\$ _____

4. ELECTRONIC MONEY TRANSFER LICENSEES ONLY

- Number and original dollar amount of money transfers made under the Rhode Island Electronic Money Transfer license during the twelve (12) month period ending December 31, 2005.

	<u>Number</u>	<u>Dollar Amount</u>
Money Transfers Made	# _____	\$ _____

5. CHECK CASHING LICENSEES ONLY

- Number and dollar amount of checks cashed under the Rhode Island Check Cashing license for the twelve (12) month period ending December 31, 2005.

	<u>Number</u>	<u>Dollar Amount</u>
Checks Cashed	# _____	\$ _____

¹ Schedule A may be reproduced if additional space is necessary.

² Include only Rhode Island licensed activity.

³ If "NO", Licensee must contact the Division to obtain an Authorization for Background Check and Release to be completed and signed where indicated and filed with the Division along with a resume.

⁴ Checks as defined in R. I. Gen. Laws §19-14-1.

Schedule B – Agent Locations as of the Date of the Filing of This Report ⁵

Provide the name, address, telephone number and date of appointment for each agent location in use by the licensee.

1.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____
2.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____
3.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____
4.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____
5.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____
6.	Name	_____	
	Street	_____	
	City, State & Zip Code	_____	
	Telephone Number	_____	Date Appointed _____

⁵ Schedule B may be reproduced if additional space is necessary.

Schedule C - Financial Statements

Enter below ***DO NOT ATTACH FINANCIAL STATEMENTS***) information for the Licensee as a whole, including information for activity conducted out of Rhode Island, prepared in accordance with Generally Accepted Accounting Principles.

**Statement of Financial Condition
as of December 31, 2005**

ASSETS		LIABILITIES AND CAPITAL	
Cash & cash equivalents	\$	Accounts payable	\$
Marketable securities		Notes payable within 1 year	
Deferred deposit transaction receivables (check cashers only)		Accrued Expenses	
Receivables from affiliates		Money transfers payable	
Prepaid expenses		Other liabilities	
Buildings & fixtures		Deferred income taxes	
Furniture & equipment		Other Notes payable	
Intangible assets		Total liabilities	\$
Other assets		Common Stock	\$
		Preferred Stock	
		Additional paid-in capital	
		Retained earnings	
		Other equity interests	
		Total capital	\$
Total assets	\$	Total liabilities & capital	\$

**Statement of Income & Expenses
January 1, 2005 through December 31, 2005**

INCOME		EXPENSES	
Interest Income	\$	Interest expense	\$
Check cashing fees		Salaries, wages & benefits	
Money transfer fees		General & administrative expenses	
Check/Money order sale fees		Occupancy expenses	
Other fees & income		Depreciation & amortization	
		Other expenses	
		Total expenses	\$
		Income taxes	
Total income	\$	Net income after taxes	

Schedule D - Miscellaneous Information as of the Date of the Filing of This Report

1. Has the licensee been the subject of any adverse action by any state or federal regulatory or law enforcement agency since the latter of the filing of the March 31, 2005 Annual Report, or the date that the license was issued?

YES_____ NO _____

If YES, explain below the circumstances of said action.

2. Provide the Name of the Surety who issued the Bond along with the Bond Number and Bond Amount for each Bond **or** the Custodian of the Securities on Deposit in lieu of Bond outstanding as of the filing of this Report.

a) Surety (not agent) _____

License Number _____	Bond Number _____	Amount \$ _____
License Number _____	Bond Number _____	Amount \$ _____

b) Name of Custodian of Securities on Deposit-in-lieu of Bond _____

License Number _____	Securities on Deposit-in-lieu of Bond Number _____	Amount \$ _____
License Number _____	Securities on Deposit-in-lieu of Bond Number _____	Amount \$ _____

Licensees are reminded that they must have adequate bonding in accordance with R. I. Gen. Laws § 19-146. Failure to have such bonding on file with the Division may result in suspension of the license until such time as proper bonding has been acquired.

3. Provide the name, address and telephone number of the attorney (**other than the manager or an official of the licensee**) or company **in Rhode Island** who will accept service of process pursuant to R. I. Gen. Laws § 19-14-10:

Name	_____
Street	_____
City, State & Zip Code	_____
Telephone Number	_____

4. Provide the names of each director of the licensee as of the date of this Report:

_____	_____
_____	_____
_____	_____
_____	_____

Schedule D - Miscellaneous Information (continued)

5. Provide the name and title of each principal officer (i.e. Sole Proprietor, Partner, President, Vice President, Secretary, Treasurer, or substantially similar principal officer) of the Licensee as of the date of this Report:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Provide the names of any person who owns, controls, votes or has a beneficial interest in, directly or indirectly, ten percent (10%) or more of the outstanding capital stock or equity interest of the licensee.

Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____
Name: _____	Percentage (%): _____

7. Provide the name, title, telephone number, fax number and e-mail address of the individual to be contacted with respect to scheduling an examination of the licensed business pursuant to R. I. Gen. Laws § 19-14-23.

Name	_____		
Title	_____		
Telephone Number	_____	Fax Number	_____
E-mail Address	_____		

8. Provide the name, title, telephone number, fax number and e-mail address of the individual authorized to respond to questions about this Report:

Name	_____		
Title	_____		
Telephone Number	_____	Fax Number	_____
E-mail Address	_____		

**WHERE INSUFFICIENT SPACE IS PROVIDED TO SET FORTH THE FACTS ADEQUATELY,
ATTACH A SCHEDULE INDICATING THE DETAILS.**

Schedule E - 2006 Licensee Contact Form as of the Date of the Filing of This Report

DUE MARCH 31, 2006

AN AUTHORIZED OFFICER OF THE LICENSEE MUST PROPERLY SIGN THIS FORM. This Division receives communications from consumers from time to time that require contact with a licensee. So we may promptly contact the person in your company with responsibility for resolving consumer inquiries or complaints, please provide the following:

License Number(s) # _____ # _____ # _____

Name of Licensee **as it Appears on the Main Office License** (include d/b/a if applicable)

Street, City, State & Zip Code (**Address as it Appears on the Main Office License**)

Hours of Operation _____

Contact Person Responsible for Resolving Consumer Inquiries or Complaints

Name _____

Title _____

Street _____

City, State & Zip Code _____

Telephone Number (**toll free if applicable**) _____ Fax Number _____

E-mail Address _____

Name, Title and Signature of Authorized Signing Officer

Name _____

Title _____

Signature _____

Schedule F - Annual License Fee Calculation

Enter the License Number, and in the case of CHECK CASHING LICENSEES the Branch Certificate Number, including the two letter License suffix (i.e. SC, MT, or CC), and in the case of CHECK CASHING LICENSEES, the Branch suffix (i.e. B01, B02, B03, etc.) for each License and Branch Certificate being maintained by the licensee.

1. SALE OF CHECKS LICENSEES (suffix SC)

License Number # _____

Annual license fee \$300

2. ELECTRONIC MONEY TRANSFER LICENSEES (suffix MT)

License Number # _____

Annual license fee \$300

3. CHECK CASHING LICENSEES (suffix CC)

License Number # _____

Branch Certificate Number (s) # _____ # _____ # _____

_____ # _____ # _____

a) Number of CHECK CASHING License and Branch Certificate Numbers entered above # _____

b) Annual license fee per License and Branch Certificate \$ 300

c) Total CHECK CASHING annual license fee (3a x 3b) \$ _____

4. TOTAL ANNUAL LICENSE FEES DUE (Sum of 1, 2, and 3c) \$ _____

Schedule G - Annual Report Filing Fee Calculation

1. Number of Licenses and Branch Certificates reported in Schedule F Items 1, 2 and 3 # _____

2. Annual Report Filing Fee \$55

3. Total Annual Report Filing Fees (Item 1 x Item 2) \$ _____

Schedule H - Annual Training & Technology Assessment

1. Number of Licenses (**not including** Branch Certificates reported in Schedule F – Maximum 3) # _____
2. Training & Technology Assessment per license.....\$20
3. Total Training & Technology Assessment (Item 1 x Item 2).....\$ _____

Schedule I - Total Fees Calculation

Total fees due with the filing of the Report:

(Sum of Schedule F Item 4, Schedule G Item 3 and Schedule H Item 3).....\$ _____

CHECK MUST BE MADE PAYABLE TO
“GENERAL TREASURER - STATE OF RHODE ISLAND”
PLEASE NOTE: CHECKS WITH THE INCORRECT PAYEE WILL BE RETURNED

Return The Report Along With Check On or Before
March 31, 2006
To
Department of Business Regulation
Division of Banking
233 Richmond Street, Suite 231
Providence, RI 02903-4231

Please contact State Chief Bank Examiner , Steven L. Cayouette , at (401) 222-5429 or scayouet@db.state.ri.us or Systems Analyst Lucy Ponte at (401) 222-2405 or Lucy_Ponte@db.state.ri.us if you have any questions related to the filing of this Report. The Division prefers to respond to questions in advance so licensees may avoid annual license fee and Report filing delays and the penalties associated with the filing of an incomplete or inadequate Report.

Late Filing Penalties Are Twenty-Five Dollars (\$25) Per Day For The Delayed Filing Of The Report And An Additional Penalty Of Twenty-Five Dollars (\$25) Per Day Per License And Branch Certificate For The Late Payment Of The Annual License Fee.

Schedule I - Notary

This schedule is to be used to satisfy the signature witness requirement of the Report filing. The directors, partners, or sole proprietor signatures, whichever is applicable, appearing on page 1 of this Report are to be witnessed on this Schedule.

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____

before me personally appeared _____, known by me to be the party executing the foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public

State of _____

County of _____

In _____ in said County on the _____ day of _____ 20____

before me personally appeared _____, known by me to be the party executing the foregoing instrument, on behalf of _____ (“Licensee”)
(Name of Licensee)

and he/she acknowledged said instrument by him or her executed to be his or her free act and deed and the free act and deed of said Licensee.

SEAL

Notary Public